FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **J12853** (4)

1. Corporation Name

RESORT PHOTOGRAPHICS, INC.

Principal Place of Business	Mailing Address
599 S COLLIER SUITE 114 % MICHAEL SULLIVAN MARCO ISLAND FL 33937	599 S COLLIER SUITE 114 % MICHAEL SULLIVAN MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2696441 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 453 S. Heathwood	26 453 S. Heathwood
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marco Island FL.	City & State 28
Zip 24 33937 — County 25	Zip 29 — County 30

9. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL
453 S. HEATHWOOD DR.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 607, Florida Statutes.

SIGNATURE [signature] Michael Sullivan President 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MICHAEL	NAME	
STREET ADDRESS	453 S. HEATHWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael Sullivan President 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0326227 CP